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E. Billable Services

In order for a service to be billable under the School-Based Health Services Program, the student must be receiving services identified in the State Medicaid Plan in accordance with his or her IEP. The services listed below in italics are those identified in the State Medicaid Plan for the School-Based Health Services. The information below also indicates what the requirements are for a staff person to be considered a professional for Medicaid billing purposes. If a service provider is not considered a professional in that area for Medicaid, they can be billed as a paraprofessional as long as the provision of services is under the direction of a qualified professional. If there are additional requirements for staff under any of the categories, they are noted after the State Plan information.

ASSESSMENT AND EVALUATION

Services for the assessment and evaluation of an existing IEP/IFSP. Services provided for the purposes of evaluating an individual's treatment needs may include medical, psychiatric, psychological, developmental and/or behavioral assessment, including the administration and interpretation of psychological tests. It may be performed by one or more of the following providers: physician, psychiatrist, psychologist, clinical social worker, school nurse, specialized therapist or a licensed or certified mental health practitioner.

MEDICAL CONSULTATION

Services provided by a licensed physician whose opinion or advice is requested in the evaluation or treatment of an individual's problem or disability.

DURABLE MEDICAL EQUIPMENT

Items of durable medical equipment provided pursuant to an IEP may be covered subject to prior authorization requirements established by the Office of Vermont Health Access.

See Section J in this manual for details on making durable medical equipment claims.

VISION CARE SERVICES

Covered services include visual analysis with refraction, and diagnostic and treatment services for diseases of the visual system.

Vision care services can only be billed when performed by a licensed optometrist or ophthalmologist.

NUTRITION SERVICES

Evaluation and treatment services related to a child's nutritional needs, as allowed by 42 CFR 440.130(d). Nutrition services are child-specific and must be medically necessary to treat and correct problems such as eating disorders, food intake deficits, and excessive weight gain or loss which result from other medical problems, psychological issues, metabolic diseases, etc. The service includes assistance with assessments and care plan development. Services do not include coverage of general nutritional services such as those provided by a school's hot lunch program.

Services must be furnished by dietitians who meet state certification requirements.

PHYSICAL THERAPY (PT)

Evaluation and treatment services for the purpose of preventing, restoring, or alleviating a lost or impaired physical function. Services are performed by or under the direction of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent, and is licensed by the State of Vermont.

The direct services provided by a Physical Therapist (PT) or Physical Therapy Assistant (PTA), with the appropriate credentials, are billed at the professional level.

Adaptive Physical Education may be billed under the physical therapy category of the state plan if the program was developed by a Physical Therapist. If the person providing the service is not a licensed Physical Therapist, the services are billed as paraprofessional. If a Physical Therapist did not develop the adaptive PE plan but adaptive PE is listed on the student's IEP as a related service, those services may meet the definition of developmental and assistive therapy.

SPEECH, HEARING AND LANGUAGE SERVICES

Evaluation and treatment services related to speech, hearing or language disorders, which result in communication disabilities. Services are performed by or under the direction of a speech-language pathologist or audiologist who has a certificate of clinical competence from the American Speech and Hearing Association, or who has the equivalent education and work experience, or who has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

In order for a Speech Language Pathologist (SLP) to bill as a professional, they must show proof of their three C's (Certificate of Clinical Competence) or the educational equivalent through one of the following:

1. A current Certificate of Clinical Competence from the American Speech and Hearing Association.
2. An expired Certificate of Clinical Competence
3. A State of Vermont Clinical SLP license and proof of the clinical fellowship year or documentation that the clinical fellowship year is being completed.
 - The State of Vermont Clinical license is sufficient proof of the clinical fellowship year **if** the individual received their first SLP license after 10/1/04.

All providers who do not fall into one of the above categories cannot bill as a professional. Paraprofessionals must be supervised by a SLP who meets the above criteria.

When a SLP develops a plan to deliver the IEP services and trains a paraprofessional on how to administer the services, the SLP is considered by Medicaid to be supervising the services and therefore accountable for the services provided.

OCCUPATIONAL THERAPY (OT)

Evaluation and treatment services to implement a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in daily pursuits. Services are performed by or under the direction of a qualified occupational therapist who is registered by the American Occupational Therapy Association or who is a graduate of a program in occupational therapy approved by the Committee on Allied

Health Education and Accreditation of the American Medical Association and is engaged in the supplemental clinical experience required before registration by the AOTA.

The direct services provided by an Occupational Therapist (OT) or Certified Occupational Therapist Assistant (COTA) with the appropriate credentials, are billed at the professional level. The services of an Occupational Therapy Aide (OTA), under the direction of a licensed Occupational Therapist are billed as a paraprofessional.

MENTAL HEALTH COUNSELING

Evaluation and treatment services involving mental, emotional or behavioral problems, disturbances and dysfunctions. Services are individual, group, or family counseling when provided by a psychiatrist, psychologist, clinical social worker, or other licensed or certified mental health practitioner.

Medicaid will not reimburse for services provided by a school guidance counselor. If the school hires a social worker or home school coordinator who works for an outside agency, then it is very likely that the outside agency is billing Medicaid for the services being provided by the social worker. If the agency is a mental health agency the district is more than likely under a Success Beyond Six contract and the mental health agency is billing Medicaid, therefore the school cannot. It is the responsibility of the supervisory union to find out if the outside agency is billing Medicaid before including the services on LOC claims.

REHABILITATIVE NURSING SERVICES

Services provided by a licensed nurse including medical monitoring and provision of other medical rehabilitative services.

Services provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) can be billed at the professional level. If staff training needs are written into the student's IEP and the student is present during the training, it is considered a direct service and can be billed as a professional service, as rehabilitative nursing services. Indirect services are billable to the EPSDT program and therefore are not billable to the School-Based Health Services Program.

DEVELOPMENTAL AND ASSISTIVE THERAPY

Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive, behavioral, or psychomotor/fine motor skills development, when such services are identified in the IEP/IFSP. Services include application of techniques and methods designed to overcome disabilities, improve cognitive skills, and modify behavior. Services are furnished by or under the direction of licensed professionals who meet qualifications established by the LEA, or who meet applicable state licensure or certification requirements.

If a teacher without a special education endorsement is providing a specialized service as outlined in the child's IEP, this service can only be billed as developmental and assistive therapy, at the paraprofessional level.

A teacher on a provisional or emergency license can be billed as a paraprofessional until they are endorsed by the State of Vermont as a special educator.

PERSONAL CARE

Services related to a child's physical or behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulating and exercise, behavior modification, and other remedial services necessary to promote a child's ability to participate in, and benefit from, the educational setting. Services are furnished by providers who have satisfactorily completed a training program for home health aides/ nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal or behavioral conditions and meet qualifications established by the LEA. Personal care providers must be employed by a school, school district or supervisory union. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and stepparents.

If a child receives 1:1 support for his or her full school day and cannot be left alone for any portion of the school day, the 1:1 service can be billed as personal care. If a child receives 1:1 support for any portion of the day, but not the full school day, the service may meet the criteria for developmental and assistive therapy.

If the student has a one-on-one aide, and the aide does not attend one-on-one services provided by another provider (such as PT, OT, SLP, etc) the school **can** bill the aide's direct service time as personal care.

Personal Care can only be billed at the paraprofessional level.

CASE MANAGEMENT

Services designed to assist children in gaining access to and coordination the delivery of medical services, including interaction with providers, monitoring treatment and interaction with parents and guardians. Services are furnished by qualified providers who, based on their education, training and experience, have been designated as such by either the Agency of Human Services, Department of Education or the LEA.

Case management services provided by the following can be billed on the LOC:

- An individual with a license as a special educator (see endorsement code list)
- An individual with a special education emergency or provisional license

Case Management can only be billed at the amount listed in the IEP. If case management is not listed on the IEP then it can not be billed to Medicaid. If more case management is provided than listed on the IEP, only the amount listed on the IEP can be billed.